FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6006704 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET HELIA HEALTH CARE OF BELLEVILLE BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2042691/IL121802 S9999 **Final Observations** S9999 Statement of Licensure Violation: 300.1210b)d)2) 300.1220b)2) 300.1810h) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall 2) be administered as ordered by the physician. Attachment A Statement of Licensure Violations Section 300.1220 Supervision of Nursing Services

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 01/21/2021 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ IL6006704 B. WING 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE **BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 The DON shall supervise and oversee the nursing services of the facility, including: Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.1810 Resident Record Requirements Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring. and fluid intake and output. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) These requirements were not met as evidenced by: Based on interview and record review, the Facility failed to monitor and assess blood glucose levels in residents with diabetes for 1 of 3 residents (R2) reviewed for diabetic monitoring in the sample of 21. This failure resulted in R2 being hospitalized

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
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S9999	Continued From page 2		S9999									
	due to a critical high glucose level of 1017 resulting in diabetic ketoacidosis (DKA) and severe anion gap metabolic acidosis (he was in diabetic ketoacidosis with changes (abnormalities) of the electrolyte balances).											
	Findings include:											
	documents R2 is a history of traumatic documents blood gl to be performed two 10:00 AM, and from	Physician Order Sheet (POS) 24-year-old male with a brain injury. R2's POS also lucose monitoring checks are times a day from 7:00 AM to 7:00 PM to 10:00 PM on R2. document he is on any s.	ier	=	w!	1						
	to the facility on 7/1 8/18/20, there was a	documented he was admitted 3/20. From 7/13/20 through no documentation in R2's the facility was monitoring levels.		9.	3							
į	"Residents heart rai	dated 8/18/2020 at 3:04 AM, te (hr) continues to be high is eart rate is 60-100 beats per										
¥.	"Vitals reported to V	dated 8/18/2020 at 5:47 AM, /33, (Nurse Practitioner) eart rate 139, 24 respiratory ssure 134/93."		·.								
	seen by V33 new or	dated 8/18/2020 at 2:15 PM, ders received for Ativan as two times and day, and blood										
		dated 8/18/2020 at 9:19 PM, ort critically high glucose labs										

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(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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\$9999	called to report labs be sent to (local ho	ge 3 -99) at 6:45 PM. This nurse s to (V33) ordered resident to spital), lights and sirens at se called (ambulance	S9999								
y# *1	company) to report transfer to local hose R2's Hospital Recondocument, "Patient department from (Fibeing unresponsive Today noted to have heartbeat). Blood signification facility was over a 1 Emergency Medical get any other Historical patient's mental star Records also document (Humalog R) 10 university of the seconds also document from th	change of conditions and									
	AM, "Critical Care A R2 had diabetic ket gap metabolic acido ketoacidosis with cl electrolyte balances fluid in the circulato much sodium in the Inflammatory Resp whole body, everyth pneumonia." R2's History and Ph Hospital dated 8/19	onse Syndrome (affecting the ning is inflamed) and possible nysical Record from the 1/2020 at 10:32 AM, over and tachycardia admitted									
	encephalopathy aft	r history of anoxic er having and asthma attack Basically ventilator dependent.									

(X2) MULTIPLE CONSTRUCTION

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: __ IL6006704 B. WING 10/23/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **40 NORTH 64TH STREET** HELIA HEALTHCARE OF BELLEVILLE **BELLEVILLE, IL 62223** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 Profoundly hyperglycemic with a sugar of over 1000 milligrams/deciliter noted at facility. Admitted for further management. Hemodynamically blood pressure remains stable. He is running a temperature. Past Medical History, diabetes Mellitus." R2's August 2020 Medication Administration Record (MAR) documented R2 was to receive accu checks (blood glucose monitoring) twice daily. From 8/1 through 8/17/20, there were no documented blood glucose levels documented for R2. On 10/13/2020 at 11:32 AM, V2, Director of Nursing stated that blood glucose monitoring levels should be documented on the MARs. On 10/23/2020 at 11:02 AM, V21, Physician stated, "A blood sugar level of 1017 is too high. that is very high. This is not a number that you would see in just a few minutes or hours this is a number that levels were not being checked for days, maybe weeks. Even if you only were checking 3 times a week you would know the numbers were high and not right and insulin needed to be given." V21 stated "If his (R2's) blood sugar was 1017 they were not checking his blood sugars." On 10/23/2020 at 4:04 PM, V41, Family of R2. stated "We were not happy with the care our son was receiving at the facility. I knew there was something happening with his insulin, but we were not really sure what was happening. We were not allowed to visit. It has been hard. He was healthy before his accident and he did not have any issues with his blood sugars being too high until he was at the facility."

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